Name in Full

Certificate of Death

John Leslay Benjamin

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 189 9 Month April. Day 19th Age Y. 90 M. 4. D. 20 | Native of Md | Occupation Retired Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Divorced~~ | Number of children living 3

~~Husband~~ ~~Wife~~ ~~Father's~~ Margrett. J. Schott ~~Mother's~~

Name Name

Cause of Death { Primary Fall on ice 15-2a | How long sick 4 months

Immediate Old age. | ~~Accident, Suicide, Homicide~~

Reported by James L Taylor

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, FORM

Dr Geo Wells.

Information from his Daughter

Read for record
May 1st 1899

Name in Full

Child Brook

Certificate of Death

Town

Died at Annapolis - County Anne Arundel MARYLAND

Date 1899 Month April Day 11th Y. M. D. | Native of Md | Occupation none

Age

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name Saml. Brook

Mother's Name Virginia

Cause of Death — Primary: Still Born — Immediate: —

How long sick

Accident, Suicide, Homicide

Reported by H R Walton

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

May 12th 1899

Name In Full

Certificate of Death

Jas. H. Bullin

Town

County

Died at Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 0	2	28	Age 86			

Male ~~Female~~ | White Colored | ~~Single~~ Married Widow Widower Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Examiner 9-4

Address

Must be signed by physician, if any in attendance, otherwis[redacted] coroner, undertaker or minister.

LIBRARY BUREAU, 7[redacted]

Name in Full | Certificate of Death

Martha Elmer Busch

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 1899 Month: April Day: 10th. Age Y. 30 M. 3 ~~D.~~ Native of: Md. Occupation: House Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of John H. Busch

Father's Name: Thomas Howes Mother's Name: Mary Sherbert

Cause of Death: Primary: none 93 How long sick: 36 Hours.

Immediate: Peritonitis ~~Accident, Suicide, Homicide~~

Reported by: James S Taylor F. D.

Address: Annapolis Maryland

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Dr Geo Wells

informed by
The family.

Recd for record
May 1st 1899

Name in Full

Certificate of Death

Robert Campher

Died at Town Annapolis County A A Co MARYLAND

Date 1899 Month 4 Day 4 Age Y. 45 M. D. Native of A A Co Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living none

Husband / Wife of Priscilla Campher -

Father's Name Stephen Campher Mother's Name

Cause of Death Primary Asthma 76 How long sick two months

Immediate General Dropsy ~~Accident, Suicide, Homicide~~

Reported by Wm Bishop MD

Address 12 Church Circle Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Read for record
Apl 12th 1899

Name in Full

Certificate of Death

Maria L. Clayton

Town

County

Died at Anne Arundel MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	4	11	Age 82				

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death	Primary	161	How long sick
	Immediate		Accident, Suicide, Homicide

Reported by Evening Capital 4-12

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79988

Name In Full Carle R. Chronisley

Certificate of Death

Died at Town Brooklyn County Anne Arundel MARYLAND

Date 189 9 Month 4 Day 3 Pd Age Y. 1 M. 4 D. 29 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Nama 72

Cause of Death Primary Pneumonia How long sick

Immediate Accident, Suicide, Homicide

Reported by Dr. Chas. H. Rooke

Address Brooklyn, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Caroline E. Cook.

Died at Town Annapolis County Anne Arundel MARYLAND

Date 1899 Month April Day 17th Age Y. 49. ~~M.~~ ~~D.~~ Native of N. Y. ~~Occupation~~

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Capt Francis A. Cook U S N.

Father's Name don't. Know Mother's Name don't Know

Cause of Death Primary Heart Trouble How long sick 2 years

Immediate Heart — 57 ~~Accident, Suicide, Homicide~~

Reported by James S Taylor

Address Annapolis Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Dr Barber U S N. A.

informed by
Family

Read for record
May 1st 1899

Name In Full

Certificate of Death

Mrs. Deal

Died at Town Friendship County Anne Arundel MARYLAND

Date 1899 Month 4 Day 7 | Age Y. 1 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Advertiser 4-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full: Edna Fisher

Certificate of Death

Died at Annapolis (Town) a a Co (County) MARYLAND

Date 1899 Month 4 Day 12 | Age Y. 5 M. 12 D. | Native of a a Co | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of —
Wife

Father's Name Solomon Fisher | Mother's Name Priscilla Fisher

Cause of Death: Primary Bronchitis 69 | How long sick

Immediate Convulsions | Accident, Suicide, Homicide

Reported by W Bishop M d

Address 12 Church Circle Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65966

Name in Full | Certificate of Death

Osburn Harris

Died at Town: Harmans St. County: Anne Arundel MARYLAND

Date 1899 Month: Apr Day: 23 | Age Y. 20 M. D. | Native of | Occupation: Farmer

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name | Mother's Name | OVER

Cause of Death: Primary: Cerebro spinal Meningitis | How long sick: 4 da

Immediate | Accident, Suicide, Homicide

Reported by: James Franklin | OVER

Address: Harmans St B&P

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79598

Attended by Dr. Arthur Williams

of Elk Ridge

Seen by Coroner _____

of _____

Information contained in this certificate received from Chas A R Earp undertaker

of Elk Ridge

Name in Full Mrs. Matilda Hayman

Certificate of Death

Died ~~at~~ Town near Friendship County Anne Arundel MARYLAND

Date 189 9 Month 4 Day 16 | Age Y. 76 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Theodore Hayman

Father's Name | Mother's Name

Cause of Death: Primary Paralysis 44 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bicomico Co. News 4-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full | Certificate of Death

Sarah Ann Howard

Died Near Friendship (Town) Anne Arundel (County) MARYLAND

Date 1897 Month April Day 27 | Age Y. 83 M. 8 D. | Native of Md. A.A.Co. | Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Joseph Howards

Father's Name Wm C Childs | Mother's Name Elizabeth Childs

Cause of Death: Primary Old age 141 | How long sick 2 days

Immediate Cerebral effusion | Accident, Suicide, Homicide

Reported by Geo W Pimbrooke M.D.

Address Friendship Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65888

Name in Full

Certificate of Death

Mrs George Jones

Town | County

Died at Annapolis - Ann Arundell MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
April	29	60			Annapolis	Home wife

Date 189 9

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~

Number of children living 5

~~Husband~~ of
Wife George Jones

Father's Name Jno. T. Johnson

Mother's Name Kate

Cause of Death — Primary: Bright's disease

Immediate: Confinement

How long sick

Accident, Suicide, Homicide

Reported by H K Walter M.D.

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

May 12th 1899

Name in Full

Certificate of Death

Howard E. Lowman

Town

County

Died at Annapolis Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 June	19	Age 4			Baltimore	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name William E. Lowman

Mother's Name Annie E. Lowman

Cause of Death — Primary 148

Immediate Drowned

How long sick

Accident, ~~Suicide, Homicide~~

Reported by John G. Taylor, J.P. Acting as Coroner

Address S. E. cor. State Circle Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 4924 **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 15 1919

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Frank Meyer

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, Farmer & Milk Business

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give Street and Number.} Anne Arundel County

Cause of Death, First (Primary) Pulmonary & Laryngeal Tuberculosis

Second (Immediate) "

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Shel. Jacob Cem Philadelphia Road

Date of Burial, April 16th 19

Wm J Watson *M. D.,*

Medical Attendant.

Undertaker, Saml Baum

Place of Business, 1444 E. Baltimore *Address* 1601 N Broadway 5 West Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

The [illegible] Information is Requested in Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

No Ophthalmia

Name in Full Frank Meyer

Certificate of Death

Died at Town County Anne Arundel MARYLAND

Date 189 Month Day Y. M. D. Age 42 Native of Russia Occupation business Farmer & milk

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 22a

Cause of Death Primary Pulmonary & laryngeal Tuberculosis How long sick Personal yes

Immediate Accident, Suicide, Homicide

Reported by S. Wm. T. Watson

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Maggie Ella Miller

Died at Town Annapolis County Anne Arundell MARYLAND

Date 1899 Month April Day 12th Age Y. 1 M. 2 D. 5 Native of Md ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Ollie Miller Mother's Name Maggie Ella Gant

Cause of Death Primary Grip 9 How long sick 5 weeks

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by James S Taylor F. D.

Address Annapolis Md

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Dr Geo Wells.

information from Childs Mother

Read for record
May 1st 1849

Name in Full

Certificate of Death

Marietta Dickinson Mills

Died at Town Brklyn. County Anne Arundel MARYLAND

Date 1899 Month April Day 20 | Age Y. 55 M. 0 D. 13 | Native of Md. | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Rev. Joseph L. Mills

Father's Name James T. Dickinson Mother's Name ~~Harriett~~ Mary Porter Dickinson

Cause of Death: Primary Pulmonary Tuberculosis. How long sick 2½ yrs.

Immediate Heart failure 2 2 0

~~Accident Suicide Homicide~~

Reported by J B Robinson M D.

Address Brklyn Anne Arundel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55065

Name in Full

Certificate of Death

Willard Harold Stout Phipps

Died at Town Churchton County A. A. Co. MARYLAND

Date 1899 Month Apr Day 10 | Age Y. 1 M. — D. 1 | Native of Md | Occupation — —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband Wife of — — — —

Father's Name John R Phipps

Mother's Name Bessie Rogers

Cause of Death: Primary Bronchous Pneumonitis — How long sick 6 days

Immediate Asthenia 72 — ~~Accident, Suicide, Homicide~~

Reported by Geo. T. Frut, M.D.

Address Churchton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Rebecca Quaid

Died at Town: Annapolis County: Anne Arundal MARYLAND

Date 1899 Month: April Day: 14th Age Y. 82 M. 7 ~~D.~~ Native of: Md ~~Occupation~~

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of George Morris Quaid

~~Father's Name~~ ~~Mother's Name~~

Cause of Death: Primary 141 ~~How long sick~~

Immediate Old Age. ~~Accident, Suicide, Homicide~~

Reported by James S Taylor F.D.

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

No Dr.

information from Family

Read for record
May 1st 1899

Name in Full — Certificate of Death

Louisa Rhole

Died at Shady Side (Town) A.A.Co (County) MARYLAND

Date 189 9 Month Apr Day 25 | Age Y. 65 M. 9 D. — | Native of Germany. Housewife Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 0

~~Wife~~ Husband of Wm Rhole

Father's Name Christian Draper | Mother's Name — — — —

Cause of Death: Primary Cerebral Effusion 42 | How long sick 2 days

Immediate Pulmonary Oedema

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. T. Duke M D

Address Churchton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name In Full

Certificate of Death

Edith May Sears

Town

County

Died at Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	4	7	Age			

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Thos. Sears

Mother's Name Annie

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by M.d. Republican 4-10-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

No. A.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore,

Permit No. A 4983 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 99.

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Joseph Skafuri

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ... *Years,* ½ *Months,* 14 *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace {State or County, and how long in the United States, if of foreign birth.} East Brooklyn. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} East Brooklyn

Cause of Death, First (Primary) .....

Second (Immediate) Gastro - Enteritis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, MAY 1 1899 Mt Olivet

Date of Burial, MAY 1 1899

Undertaker, M Wadorf & Co

Place of Business, 703 S Ann

J. R. Dabney Ball, M.D.,
Medical Attendant.

Address, South Balto Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS.—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS.

Name in Full Joseph Skapirite

Certificate of Death

Died at Town East Brooklyn County Anne Arundel MARYLAND

Date 189 4 Month 4 Day 30 | Age Y. 2 M. 14 D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Gastro-enteritis | How long sick

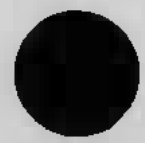
Immediate 82 | Accident, Suicide, Homicide

Reported by R. Dawson Bull M.D.

Address S. Bates, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]



Name In Full Frank Thomas

Certificate of Death

Died at Town County Anne Arundel MARYLAND

Date 189 9 Month 3 Day 24 | Age Y. 2 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Louis T. Thomas | Mother's Name Daisy L.

Cause of Death: Primary Hot — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Evening Capital 2-17

Address [redacted]

Must be signed by phyaician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808

Name In Full Clarence Ward

Certificate of Death

Town County

Died at Jamestown 8th Dist A. A. MARYLAND

Date 1899 Month 4 Day Age Y. 4 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Zacharish Ward Mother's Name 146a

Cause of Death Primary Burned to death How long sick

Immediate Accident, ~~Suicide, Homicide~~

Reported by A. A. Examiner

Address 4-13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Sr John Collinson

Name in Full

Certificate of Death

Charles Sellman Welch

Died at Town: Annapolis County: Anne Arundel MARYLAND

Date 189 9 Month: Apl Day: 24th Age Y. 83 M. 11 D. 5 Native of: Maryland Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Anne R. Bell

Father's Name: Robt. Welch of Ben Mother's Name: Patty Sellman

Cause of Death — Primary: Senile Degeneration — How long sick: 1 week

Immediate: Exhaustion

141

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm. S. Welch M.D.

Address 92 Gloucester st Annapolis, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Read for record
May 1st 1899

Name in Full

Alice F. Williams

Certificate of Death

Died at Town: Rock Creek County: Anne Arundel MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	4	1	Age 73			

Male ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republican * 4-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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